



**TRIBAL EMPLOYMENT RIGHTS COMMISSION
HOOPA VALLEY TRIBAL COUNCIL**

P.O. BOX 1467 • HOOPA, CALIFORNIA 95546

(530) 625-4227 • FAX: (530) 625-4313

EEOC

Contract Compliance
Indian Self-Determination
Tribal Appellate Review

**CONTRACTOR'S QUALIFICATION QUESTIONNAIRE FOR
REGISTERING BUSINESS/EMPLOYER WITH TERO'S
SKILLSBANK FOR CONTRACTORS**

1. Firm Name and Address: _____

Telephone Number: _____

Contractor's License # _____

2. Organization Structure: _____ INDIVIDUAL
_____ PARTNERSHIP
_____ CORPORATION

3. Name of Owner/Owner(s): _____

5. Ownership Interest: _____ PARTIAL (Give Percentage of Ownership)
_____ 100% OWNERSHIP

6. Provide listing of individuals and organizational structure of your firm's management staff. Also, provide resumes for Key Personnel. Attach list to this questionnaire.

7. Specifically, what type of construction your firm engages in:

- A. General Contracting: _____
- B. Mechanical Plumbing: _____
- C. Mechanical - HVAC: _____
- D. Electrical: _____
- E. Landscaping: _____
- F. Interior Painting: _____
- G. Drywall: _____
- H. Major Rehab: _____
- I. Heavy Equipment (List Equipment Avail): _____

J. List any other: _____

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8. Geographical Area of Interest: _____

9. Magnitude of Project on Which you Desire to Bid (If Applicable):
Under \$25,000 _____
Up to \$200,000 _____
Up to \$500,000 _____
Up to \$1,00,000 _____
Over \$1,000,000 _____

10. Bonding Capacity: (Performance and Payment Bonds will be required on all projects) _____

11. Experience:

A. Please list at least five (5) of your most recent projects. Give name of an individual for your reference:

PROJECT	AMOUNT	REFERENCE	PRIME/SUB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Please list at least five (5) recent projects that show experience, if any, on specialty work. If necessary, provide references:

PROJECT	AMOUNT	REFERENCE	PRIME/SUB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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C E R T I F I C A T I O N

I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS CONTRACTOR'S QUALIFICATION QUESTIONNAIRE ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY GRANT PERMISSION TO THE HOOPA VALLEY TRIBAL COUNCIL AND ITS TERO/PERSONNEL OFFICES TO CONFIRM BY PERSONAL INQUIRY OR OTHERWISE, THE INFORMATION I HAVE GIVEN. I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OF FACTS GIVEN IN THIS PROCESS IS GROUNDS FOR REJECTION OF THIS QUALIFICATION FOR CONTRACTOR'S QUESTIONNAIRE OR DISMISSAL IF EMPLOYED. I HEREBY RELEASE ALL PERSONS CONNECTED WITH ANY REQUESTS FOR INFORMATION FROM ALL CLAIMS, LIABILITY, AND DAMAGES FOR WHATEVER REASON ARISING OUT OF FURNISHING THE INFORMATION.

I hereby acknowledge that I have read and understand the above statement.

OWNER/CONTRACTOR'S SIGNATURE

DATE

PARTNER'S SIGNATURE (IF APPLICABLE)

DATE

CONTRACTOR'S LICENSE NUMBER: _____

APPROVED FOR CONTRACTING:

MARGARET POWELL, DIRECTOR
TRIBAL EMPLOYMENT RIGHTS COMMISSION

DATE